

**SAFETY TRAINING REQUIREMENTS**  
For SC Budget & Control Board, General Services Division

TEAM \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ JOB CODE \_\_\_\_\_  
or EMPLOYEE'S NAME \_\_\_\_\_

**ALL EMPLOYEES** are required to take the following Safety Courses:

- New Employee Safety Training (first day of hire) – Initial
- Hazard Communication \* – Every 3 Years
- Fire Prevention, Emergency Action and Homeland Security Plan
  - Part I \* - Initial
  - Part II – Team/Building-specific information (team's responsibility) – Every 3 Years

**In addition**, OSHA standard <sup>(1)</sup>, state law <sup>(2)</sup>, B&CB policy <sup>(3)</sup>, and/or General Services' policy <sup>(4)</sup> require employees to take the following (attached) safety courses according to hazard exposure due to work activities essential by their job description.

Furthermore, if an individual employee's job description does not require specific work activities, the individual's Team Leader may assign to that individual additional duties that require safety training.

**NOTES:**

\* - Available by ClarityNet (on-line/web computer based training)

# - Automatic External Defibrillator (AED) training recommended upon obtaining AEDs

“Initial Only” – required upon hire or first assignment, whenever there is a change, or whenever the employee demonstrates lack of proficiency

TEAM LEADER \_\_\_\_\_  
(Signature)

DATE \_\_\_\_\_

## SAFETY TRAINING REQUIREMENTS

For SC Budget & Control Board, General Services Division

TEAM \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ JOB CODE \_\_\_\_\_

or EMPLOYEE'S NAME \_\_\_\_\_

YES	NO	WORK ACTIVITY	REQUIRED COURSE	FREQUENCY
		Do these employees work in an administrative capacity, i.e., in an office at a desk with a computer?	Office Safety <sup>(4)</sup> *	Initial Only <sup>(4)</sup>
		Do these employees perform maintenance, servicing or custodial duties in areas where there is asbestos?	Asbestos Awareness <sup>(1)</sup> *	Annual <sup>(1)</sup>
		Are these employees required to lift packages over 20 pounds or is repetitive lifting involved in their duties?	Back Safety *	3 Years <sup>(4)</sup>
		Are these employees involved in an occupational exposure (excludes unanticipated "Good Samaritan acts") to blood and/or other potentially infectious materials?	Bloodborne Pathogens <sup>(1)</sup> (may include one-time series of hepatitis B vaccine shots)	Annual <sup>(1)</sup>
		Do these employees bodily enter confined spaces (pits, chases, or chambers where there are or could be hazards such as falls, flooding, gas or steam leaks, lack of oxygen, dangerous atmospheres, etc.)?	- Confined Space Entry <sup>(1)</sup> : <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Hands-On <sup>(1)</sup></li> </ul> - Personal Protective Equipment <sup>(1)</sup> *	-Annual <sup>(1)</sup> -Annual <sup>(1)</sup> -Initial Only <sup>(4)</sup>
		Do these employees monitor other employees who enter confined spaces (pits, chases, or chambers where there are or could be hazards such as falls, flooding, gas or steam leaks, lack of oxygen, dangerous atmospheres, etc.) and may have to rescue and provide emergency first aid care for victims from those spaces?	- Confined Space Entry <sup>(1)</sup> : <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Hands-On <sup>(1)</sup></li> </ul> - First Aid and CPR <sup>(1)</sup> # - Personal Protective Equipment <sup>(1)</sup> *	-Annual <sup>(1)</sup> -Annual <sup>(1)</sup> -2 Yrs (AHA) <sup>(4)</sup> -Initial Only <sup>(4)</sup>

## SAFETY TRAINING REQUIREMENTS

For SC Budget & Control Board, General Services Division

TEAM \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ JOB CODE \_\_\_\_\_

or EMPLOYEE'S NAME \_\_\_\_\_

YES	NO	WORK ACTIVITY	REQUIRED COURSE	FREQUENCY
		Do these employees drive a state vehicle on a regular basis?	- SC Driver License <sup>(2)</sup> - 8-Hour Driver Training <sup>(3)</sup> (Recommended for employees who drive any vehicle on official business) - 4-Hour Driver Refresher <sup>(3)</sup>	- 10 Years <sup>(2)</sup> - Initial <sup>(3)</sup> (NSC or AAA) -3 Years <sup>(3)</sup>
		Do these employees drive a state vehicle with a gross weight over 26,000 pounds (including trailer) and/or that has airbrakes?	- SC Driver License <sup>(2)</sup> - Commercial Driver License <sup>(2)</sup> - 8-Hour Driver Training <sup>(3)</sup> (Recommended for employees who drive any vehicle on official business) - 4-Hour Driver Refresher <sup>(3)</sup>	- 10 Years <sup>(2)</sup> - 5 Years <sup>(2)</sup> - Initial <sup>(3)</sup> (NSC or AAA) -3 Years <sup>(3)</sup>
		Do these employees drive a 15-passenger or ADA van?	- SC Driver License <sup>(2)</sup> - Driver Training (8-Hour) <sup>(3)</sup> - Van Driver Safety Course <sup>(4)</sup> - 4-Hour Driver Refresher <sup>(3)</sup>	- 10 Years <sup>(2)</sup> - Initial <sup>(3)</sup> (NSC or AAA) <b>- Recommended / TBD (Initial Only) <sup>(4)</sup></b> -3 Years <sup>(3)</sup>
		Do these employees maintain or service the electrical energy source or operating controls to equipment, lighting or a building's electrical system?	- Electrical Safety <sup>(1)</sup> * - Lockout-Tagout <sup>(1)</sup> : • Instruction <sup>(1)</sup> * • Hands-On <sup>(1)</sup> - First Aid and CPR <sup>(1)</sup> # - Personal Protective Equipment <sup>(1)</sup> *	-3 Years <sup>(4)</sup>  -Annual <sup>(1)</sup> -Initial Only <sup>(4)</sup> -2 Yrs (AHA) <sup>(4)</sup> -Initial Only <sup>(4)</sup>

## SAFETY TRAINING REQUIREMENTS

For SC Budget & Control Board, General Services Division

TEAM \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ JOB CODE \_\_\_\_\_

or EMPLOYEE'S NAME \_\_\_\_\_

YES	NO	WORK ACTIVITY	REQUIRED COURSE	FREQUENCY
		Do these employees maintain or service equipment with hazardous energy sources (electrical, mechanical, pneumatic, fluids, gases, hydraulic, thermal, and/or gravity)?	- Lockout-Tagout: <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Hands-On <sup>(1)</sup></li> </ul> - Personal Protective Equipment <sup>(1)</sup> *	-Annual <sup>(1)</sup> -Initial Only <sup>(4)</sup> -Initial Only <sup>(4)</sup>
		Do these employees work 4 feet or more above a lower level, i.e., on rooftops, raised platforms, etc. that do not have guardrails or walls?	Fall Protection: <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Hands-On <sup>(1)</sup></li> </ul> - Personal Protective Equipment <sup>(1)</sup> *	-Annual <sup>(4)</sup> -Annual <sup>(4)</sup> -Initial Only <sup>(4)</sup>
		Do these employees work out of powered platforms, man-lifts and/or vehicle-mounted work platforms, i.e., a bucket truck or from an aerial or scissors lift?	Fall Protection: <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Hands-On <sup>(1)</sup></li> </ul> - Personal Protective Equipment <sup>(1)</sup> * - Aerial Lift Safety <sup>(1)</sup>	-Annual <sup>(4)</sup> -Annual <sup>(4)</sup> -Initial Only <sup>(4)</sup> <b>(New: TBD)</b> <b>Initial Only <sup>(4)</sup></b>
		Do these employees work from a scaffold?	Fall Protection: <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Hands-On <sup>(1)</sup></li> </ul> - Personal Protective Equipment <sup>(1)</sup> * - Scaffold Safety	-Annual <sup>(4)</sup> -Annual <sup>(4)</sup> -Initial Only <sup>(4)</sup> - <b>(New: TBD)</b>
		Do these employees climb fixed or portable ladders?	Ladder Safety <sup>(1)</sup> *	Initial Only <sup>(4)</sup>

## SAFETY TRAINING REQUIREMENTS

For SC Budget & Control Board, General Services Division

TEAM \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ JOB CODE \_\_\_\_\_

or EMPLOYEE'S NAME \_\_\_\_\_

YES	NO	WORK ACTIVITY	REQUIRED COURSE	FREQUENCY
		Do these employees operate any type of powered grounds maintenance equipment (push or riding lawn mower, leaf blower, string trimmer, edger, etc.)?	-Grounds Maintenance <ul style="list-style-type: none"> <li>• Instruction <sup>(4)</sup> *</li> <li>• Hands-On <sup>(4)</sup></li> </ul> - Personal Protective Equipment *	<b>-(New: TBD)</b> -Initial Only <sup>(4)</sup> -Initial Only <sup>(4)</sup>
		Do these employees work in a high heat-index environment? (temperatures above 80 degrees F in combination with humidity)	<b>-Heat Stress <sup>(4)</sup> *</b> - Environmental Emergencies <sup>(4)</sup> (module of AHA 1st Aid course)	<b>-(New: TBD) <sup>(4)</sup></b> -2 Years <sup>(4)</sup>
		Are these employees involved in exposure to noise at or above an 8-hour time-weighted average of 85 decibels?	- Personal Protective Equipment * (Hearing)	Annual <sup>(1)</sup>
		Do these employees operate a forklift, powered lift or pallet jack?	Powered Industrial Truck: <ul style="list-style-type: none"> <li>• Instruction <sup>(1)</sup> *</li> <li>• Evaluation <sup>(1)</sup></li> </ul> - Personal Protective Equipment <sup>(1)</sup> *	-3 Years <sup>(1)</sup> -3 Years <sup>(1)</sup> -Initial Only <sup>(4)</sup>
		Are these employees subject to exposure to lead at or above the action level?	- Lead Safety - Personal Protective Equipment <sup>(1)</sup> *	-Annual <sup>(1)</sup> -Initial Only <sup>(4)</sup>
		Are the eyes, face, head, body and/or extremities of these employees involved in hazardous exposure to the environment, chemicals, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact, etc.?	Personal Protective Equipment <sup>(1)</sup> *	Initial Only <sup>(4)</sup>
		Do these employees work with stationary saws, drill presses, lathes, presses, and/or portable saws, drills, etc.?	-Tool Safety <sup>(4)</sup> * - Personal Protective Equipment <sup>(1)</sup> *	-Initial Only <sup>(4)</sup> -Initial Only <sup>(4)</sup>

## SAFETY TRAINING REQUIREMENTS

For SC Budget & Control Board, General Services Division

TEAM \_\_\_\_\_ POSITION TITLE \_\_\_\_\_ JOB CODE \_\_\_\_\_

or EMPLOYEE'S NAME \_\_\_\_\_

YES	NO	WORK ACTIVITY	REQUIRED COURSE	FREQUENCY
		Do these employees work with tools that are powder actuated?	<b>Powder Actuated Tool Certification <sup>(4)</sup></b>	<b>-(New: TBD) <sup>(4)</sup></b>
		Do these employees apply or supervise those who apply Restricted Use Pesticides?	- Respiratory Protection <sup>(1)</sup> * - Fit Test <sup>(1)</sup> - Medical Examination <sup>(1)</sup> - Non-Commercial Pesticide Applicator Certification <sup>(2)</sup> - Personal Protective Equipment <sup>(1)</sup> *	-Annual <sup>(1)</sup> -Annual <sup>(1)</sup> -Initial Only <sup>(1)</sup> -5 years <sup>(2)</sup> -Initial Only <sup>(4)</sup>
		Do your employees solder or braze?	-Welding Awareness <sup>(1)</sup> - Personal Protective Equipment <sup>(1)</sup> *	- Initial Only <sup>(4)</sup> -Initial Only <sup>(4)</sup>
		Do your employees weld?	- Welding Safety <sup>(1)</sup> * - Respiratory Protection <sup>(1)</sup> * - Personal Protective Equipment <sup>(1)</sup> *	-Initial Only <sup>(1)</sup> -Annual <sup>(1)</sup> -Initial Only <sup>(4)</sup>
		Do your employees perform fire watch for welding operations?	- Portable Fire Extinguisher <sup>(1)</sup> - Personal Protective Equipment <sup>(1)</sup> *	- Annual <sup>(1)</sup> -Initial Only <sup>(4)</sup>
		Do these employees supervise or manage other employees exposed to any of the above workplace hazards?	-Safety and Worker's Compensation for Managers and Supervisors <sup>(4)</sup> -OSHA 10-Hour Course	-Initial Only <sup>(4)</sup> <b>-(New: TBD)</b>
		Are these employees subject to any other hazards in the workplace?	- Personal Protective Equipment <sup>(1)</sup> * - OSHA Standard for related subject matter can be found at the following web-site: <a href="http://www.osha.gov/comp-links.html">http://www.osha.gov/comp-links.html</a>	- Initial Only <sup>(4)</sup> - TBD